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LAKEVIEW HOSPITAL TCU              PROVIDER #: 465131      FACILITY BEDS       TYPE ACTION: RECERTIFICATION
630 EAST MEDICAL DRIVE                  PHONE NUMBER: (801) 299-2450    TOTAL: 10
BOUNTIFUL UT 84010             PARTICIPATION DATE: 12/08/1992  CERTIFIED: 10    TYPE OWNERSHIP: FOR PROFIT - CORPORATION
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION


RESIDENT CENSUS ON 02/09/2005            LTC ADMISSION/SUSPENSION DATES              TOTAL CERTIFIED BEDS:   10
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          TOTAL:      6                  ADMISSION SUSPENDED:                 18    18/19   19    ICF/MR
       MEDICARE:      4                  SUSPENSION RESCINDED:                --    -----   --    ------
       MEDICAID:      0                                                       10
          OTHER:      2

CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3 S/S PRIOR 2 S/S PRIOR 1 S/S CURRENT  S/S   PLAN/DATE
SURVEY  CODE SURVEY  CODE SURVEY  CODE SURVEY   CODE  OF CORRECT          PROGRAM REQUIREMENTS
06/2002      04/2003      01/2004      02/09/2005

             X      B   X      B                       REQ  F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
             X      D                                  REQ  F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF


EDITION OF LSC APPLIED
85 NEW    85 NEW    2000 EXIS2000 EXIS
PRIOR 3  PRIOR 2  PRIOR 1  CURRENT     PLAN/DATE
SURVEY   SURVEY   SURVEY   SURVEY      OF CORRECTION            LSC DEFICIENCIES - BLDG NO. 01
06/2002  04/2003  01/2004  02/07/2005
                            X C         04/07/2005             K0017-CORRIDOR WALLS
         X                                                     K0018-CORRIDOR DOORS
         X                                                     K0029-HAZARDOUS AREAS - SEPARATION
         X                                                     K0033-EXIT PARTITIONS
  X                         X C         04/07/2005             K0045-EXIT LIGHTING
                  X                                            K0046-EMERGENCY LIGHTING
         X                                                     K0050-FIRE DRILLS
  X                                                            K0056-AUTOMATIC SPRINKLER SYSTEM
         X        X        X C         04/07/2005             K0062-SPRINKLER SYSTEM MAINTENANCE
                  X        X C         04/07/2005             K0072-FURNISHING AND DECORATIONS
                  X                                            K0144-GENERATRS INSPECTED/TESTED
                            X C         04/07/2005             K0161-ESCALATOR/DUMBWAITER/MOVING WALK REQUIREMENTS


C=DATE OF CORRECTION    N=NO DATE GIVEN     P=PLAN OF CORRECTION    R=REFUSED TO CORRECT     W=WAIVED     F=FSES      X=DEFICIENT
COP = CONDITION    REQ = REQUIREMENT
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TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	0	1	2	0
HEALTH TOTAL	0	1	2	0
LIFE SAFETY CODE	5	4	5	2
LIFE SAFETY CODE + HEALTH	5	5	7	2

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COMPLAINT SURVEY INFORMATION

* NO COMPLAINT SURVEYS FOR THIS FACILITY


FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY
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